

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Foundation for a Greater America, Inc.

ADDRESS (number and street)

P.O. Box 3587

Check if different
than previously
reported. (ACC)

Tustin

CA

92781

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00555862

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Ault, Anastacia, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Ault, Anastacia, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Foundation for a Greater America, Inc.

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2016 To: M M / D D / Y Y Y Y Y 03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2016		3813.64
(b) Cash on Hand at Beginning of Reporting Period.....	3813.64	
(c) Total Receipts (from Line 19)	65243.20	65243.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	69056.84	69056.84
7. Total Disbursements (from Line 31)	67371.34	67371.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1685.50	1685.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	220051.56	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	427226.62	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Foundation for a Greater America, Inc.

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

51279.55

51279.55

(ii) Unitemized

13512.65

13512.65

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

64792.20

64792.20

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

64792.20

64792.20

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

451.00

451.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

65243.20

65243.20

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

65243.20

65243.20

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	67371.34	67371.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	67371.34	67371.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67371.34	67371.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67371.34	67371.34

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	64792.20	64792.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64792.20	64792.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	67371.34	67371.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	67371.34	67371.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ballard, Marion S., , ,

Mailing Address 4413 Chalfont Place

City
BethesdaState
MDZip Code
20816FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2016

Transaction ID : INCA2632

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barer, Alta J., , ,

Mailing Address 3048 East Laurelhurst Drive NE

City
SeattleState
WAZip Code
98105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2016

Transaction ID : INCA2781

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barney, Alice M., , ,

Mailing Address 8611 Cromwell Drive

City
SpringfieldState
VAZip Code
22151FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2016

Transaction ID : INCA2626

Amount of Each Receipt this Period

76.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1376.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barney, Alice M., , ,

Mailing Address 8611 Cromwell Drive

City
Springfield

State
VA

Zip Code
22151

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : INCA2904

Amount of Each Receipt this Period

550.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barney, Alice M., , ,

Mailing Address 8611 Cromwell Drive

City
Springfield

State
VA

Zip Code
22151

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : INCA2892

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barney, Alice M., , ,

Mailing Address 8611 Cromwell Drive

City
Springfield

State
VA

Zip Code
22151

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2016

Transaction ID : INCA3181

Amount of Each Receipt this Period

80.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

680.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bashaw, Patricia, , ,

Mailing Address 3122 Stelling Drive

City
Palo AltoState
CAZip Code
94303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Palo Alto Art Center FoundationOccupation (for Individual)
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2016

Transaction ID : INCA2033

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bass, Ellen J., , ,

Mailing Address 36 Spring Mill Lane

City
Cherry HillState
NJZip Code
08003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drexel UniversityOccupation (for Individual)
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2016

Transaction ID : INCA2673

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beckles, Gloria, , ,

Mailing Address 3087 Winfield Circle

City
TuckerState
GAZip Code
30084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Precision Production OccupationsOccupation (for Individual)
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2016

Transaction ID : INCA2705

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

950.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beckles, Gloria, , ,

Mailing Address 3087 Winfield Circle

City
TuckerState
GAZip Code
30084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Precision Production OccupationsOccupation (for Individual)
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	19	2016

Transaction ID : INCA3241

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bennet, LeEtta, , ,

Mailing Address 240 North Pierce Street

City
SalemState
SDZip Code
57058FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
01	02	2016

Transaction ID : INCA2038

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bennet, LeEtta, , ,

Mailing Address 240 North Pierce Street

City
SalemState
SDZip Code
57058FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
01	18	2016

Transaction ID : INCA2760

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bennet, LeEtta, , ,

Mailing Address 240 North Pierce Street

City
Salem

State
SD

Zip Code
57058

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2016

Transaction ID : INCA2905

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bennet, LeEtta, , ,

Mailing Address 240 North Pierce Street

City
Salem

State
SD

Zip Code
57058

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : INCA3225

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brown, Adrienna, , ,

Mailing Address 4350 Portchester Way

City
Snellville

State
GA

Zip Code
30039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : INCA2729

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brown, Adrienna, , ,

Mailing Address 4350 Portchester Way

City
Snellville

State
GA

Zip Code
30039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : INCA2225

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brown, Adrienna, , ,

Mailing Address 4350 Portchester Way

City
Snellville

State
GA

Zip Code
30039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : INCA2988

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brown, Adrienna, , ,

Mailing Address 4350 Portchester Way

City
Snellville

State
GA

Zip Code
30039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : INCA3179

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brown, Adrienna, , ,

Mailing Address 4350 Portchester Way

City
Snellville

State
GA

Zip Code
30039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : INCA2877

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Browning, Priscilla E., , ,

Mailing Address 1 Pleasant Grove Lane

City
Ithaca

State
NY

Zip Code
14850

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Unitrust

Occupation (for Individual)
Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2016

Transaction ID : INCA2307

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Browning, Priscilla E., , ,

Mailing Address 1 Pleasant Grove Lane

City
Ithaca

State
NY

Zip Code
14850

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Unitrust

Occupation (for Individual)
Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2016

Transaction ID : INCA2768

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Browning, Priscilla E., , ,

Mailing Address 1 Pleasant Grove Lane

City
Ithaca

State
NY

Zip Code
14850

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Unitrust

Occupation (for Individual)
Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2016

Transaction ID : INCA3054

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Currie, Barbara R., , ,

Mailing Address 4800 Filmore Avenue, Apt. 544

City
Alexandria

State
VA

Zip Code
22311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 04 / 2016

Transaction ID : INCA2022

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Currie, Barbara R., , ,

Mailing Address 4800 Filmore Avenue, Apt. 544

City
Alexandria

State
VA

Zip Code
22311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2016

Transaction ID : INCA2030

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Currie, Barbara R., , ,

Mailing Address 4800 Filmore Avenue, Apt. 544

City
Alexandria

State
VA

Zip Code
22311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : INCA2830

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Currie, Barbara R., , ,

Mailing Address 4800 Filmore Avenue, Apt. 544

City
Alexandria

State
VA

Zip Code
22311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
03 / 09 / 2016

Transaction ID : INCA3177

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davis, Chistine Star, , ,

Mailing Address 851 Moraine Drive

City
Lincoln

State
NE

Zip Code
68510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lincoln Public School System

Occupation (for Individual)
Mentor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2016

Transaction ID : INCA2340

Amount of Each Receipt this Period

155.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

355.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Davis, Chistine Star, , ,

Mailing Address 851 Moraine Drive

City
Lincoln

State
NE

Zip Code
68510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lincoln Public School System

Occupation (for Individual)
Mentor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2016

Transaction ID : INCA3093

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davis, Norma, , ,

Mailing Address 1308 Lasuen Drive

City
Millbrae

State
CA

Zip Code
94030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 04 / 2016

Transaction ID : INCA2273

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davis, Norma, , ,

Mailing Address 1308 Lasuen Drive

City
Millbrae

State
CA

Zip Code
94030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2016

Transaction ID : INCA2160

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2055.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Davis, Norma, , ,

Mailing Address 1308 Lasuen Drive

City
Millbrae

State
CA

Zip Code
94030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : INCA2895

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Disario, Madeleine, , ,

Mailing Address 4100 Ingomar Street NW

City
Washington

State
DC

Zip Code
20015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Senate Committee on Health, Education,

Occupation (for Individual)
Health Policy Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 04 / 2016

Transaction ID : INCA2020

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Disario, Madeleine, , ,

Mailing Address 4100 Ingomar Street NW

City
Washington

State
DC

Zip Code
20015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Senate Committee on Health, Education,

Occupation (for Individual)
Health Policy Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2016

Transaction ID : INCA2984

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Disario, Madeleine, , ,

Mailing Address 4100 Ingomar Street NW

City
Washington

State
DC

Zip Code
20015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Senate Committee on Health, Education,

Occupation (for Individual)
Health Policy Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : INCA3162

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Doherty, Stephen, , ,

Mailing Address 401 East 74th Street, Apt. 5R

City
New York

State
NY

Zip Code
10021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
401 E 74 Owners Cor.

Occupation (for Individual)
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 09 / 2016

Transaction ID : INCA2318

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Doherty, Stephen, , ,

Mailing Address 401 East 74th Street, Apt. 5R

City
New York

State
NY

Zip Code
10021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
401 E 74 Owners Cor.

Occupation (for Individual)
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : INCA3256

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

350.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Durrwachter, Sylvia, , ,

Mailing Address 809 West 5th Street

City
Port Angeles

State
WA

Zip Code
98363

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2016

Transaction ID : INCA2780

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Durrwachter, Sylvia, , ,

Mailing Address 809 West 5th Street

City
Port Angeles

State
WA

Zip Code
98363

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2016

Transaction ID : INCA2348

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Durrwachter, Sylvia, , ,

Mailing Address 809 West 5th Street

City
Port Angeles

State
WA

Zip Code
98363

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2016

Transaction ID : INCA2918

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Durrwachter, Sylvia, , ,

Mailing Address 809 West 5th Street

City
Port Angeles

State
WA

Zip Code
98363

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2016

Transaction ID : INCA3171

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eads, Jean E., , ,

Mailing Address 13723 South 18th Street

City
Bixby

State
OK

Zip Code
74008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2016

Transaction ID : INCA2682

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eads, Jean E., , ,

Mailing Address 13723 South 18th Street

City
Bixby

State
OK

Zip Code
74008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2016

Transaction ID : INCA2076

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eads, Jean E., , ,

Mailing Address 13723 South 18th Street

City
Bixby

State
OK

Zip Code
74008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2016

Transaction ID : INCA2289

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eads, Jean E., , ,

Mailing Address 13723 South 18th Street

City
Bixby

State
OK

Zip Code
74008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2016

Transaction ID : INCA2733

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fishman, Esther, , ,

Mailing Address 3240 Lake Point Blvd., #327

City
Sarasota

State
FL

Zip Code
34231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2016

Transaction ID : INCA2628

Amount of Each Receipt this Period

72.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6072.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fishman, Esther, , ,

Mailing Address 3240 Lake Point Blvd., #327

City
Sarasota

State
FL

Zip Code
34231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : INCA2884

Amount of Each Receipt this Period

54.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fishman, Esther, , ,

Mailing Address 3240 Lake Point Blvd., #327

City
Sarasota

State
FL

Zip Code
34231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2016

Transaction ID : INCA2714

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fishman, Esther, , ,

Mailing Address 3240 Lake Point Blvd., #327

City
Sarasota

State
FL

Zip Code
34231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2016

Transaction ID : INCA3056

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fishman, Esther, , ,

Mailing Address 3240 Lake Point Blvd., #327

City

Sarasota

State

FL

Zip Code

34231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : INCA3199

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Flavin, Joan D., , ,

Mailing Address 5855 North Sheridan Road, Apt. 18H

City

Chicago

State

IL

Zip Code

60660

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : INCA2883

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fraser, Edie A., , ,

Mailing Address 2916 32nd Street NW

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

STEMconnector

Occupation (for Individual)

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2016

Transaction ID : INCA2194

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

436.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fraser, Edie A., , ,

Mailing Address 2916 32nd Street NW

City
Washington

State
DC

Zip Code
20008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STEMconnector

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2016

Transaction ID : INCA2710

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gerson, Jeanne K., , ,

Mailing Address 333 North Palm Drive, Apt. 105

City
Beverly Hills

State
CA

Zip Code
90210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2016

Transaction ID : INCA2707

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Goldberg, Gerald, , ,

Mailing Address 20 Van Akenen, Unit 310

City
Shaker Heights

State
OH

Zip Code
44122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : INCA2574

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Goldberg, Gerald, , ,

Mailing Address 20 Van Akenen, Unit 310

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

02 / 16 / 2016

Transaction ID : INCA2945

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Goldberg, Gerald, , ,

Mailing Address 20 Van Akenen, Unit 310

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

02 / 29 / 2016

Transaction ID : INCA2960

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Goldberg, Gerald, , ,

Mailing Address 20 Van Akenen, Unit 310

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

03 / 08 / 2016

Transaction ID : INCA3135

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gupta, Amitava, , ,

Mailing Address 5322 Fox Den Road

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Elenza, Inc.

Occupation (for Individual)

Chief Technical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2016

Transaction ID : INCA2397

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gupta, Amitava, , ,

Mailing Address 5322 Fox Den Road

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Elenza, Inc.

Occupation (for Individual)

Chief Technical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : INCA2989

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hainline, Louise, , ,

Mailing Address 9 Prospect Park W

City

Brooklyn

State

NY

Zip Code

11215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Brooklyn College

Occupation (for Individual)

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2016

Transaction ID : INCA2544

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Halsey, George A., , ,

Mailing Address 111 Camellia Way

City
Hendersonville

State
NC

Zip Code
28739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2016

Transaction ID : INCA2043

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Halsey, George A., , ,

Mailing Address 111 Camellia Way

City
Hendersonville

State
NC

Zip Code
28739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2016

Transaction ID : INCA2085

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Halsey, George A., , ,

Mailing Address 111 Camellia Way

City
Hendersonville

State
NC

Zip Code
28739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2016

Transaction ID : INCA2392

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Halsey, George A., , ,

Mailing Address 111 Camellia Way

City
Hendersonville

State
NC

Zip Code
28739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : INCA2990

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Halsey, George A., , ,

Mailing Address 111 Camellia Way

City
Hendersonville

State
NC

Zip Code
28739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : INCA2997

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Halsey, George A., , ,

Mailing Address 111 Camellia Way

City
Hendersonville

State
NC

Zip Code
28739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : INCA3248

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Heckenberg, Lana, , ,

Mailing Address 16538 Bolsena Drive

City
Mont VerdeState
FLZip Code
34756FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2016

Transaction ID : INCA2375

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hinkle, Mary, , ,

Mailing Address 49 Tortuga Cay

City
Aliso ViegoState
CAZip Code
92656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2016

Transaction ID : INCA2597

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hinkle, Mary, , ,

Mailing Address 49 Tortuga Cay

City
Aliso ViegoState
CAZip Code
92656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2016

Transaction ID : INCA2879

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hinkle, Mary, , ,

Mailing Address 49 Tortuga Cay

City

Aliso Viego

State

CA

Zip Code

92656

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2016

Transaction ID : INCA3250

Amount of Each Receipt this Period

50.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Huber, Jeanne, , ,

Mailing Address 5341 Cove Garden Road

City

Covesville

State

VA

Zip Code

22931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2016

Transaction ID : INCA2640

Amount of Each Receipt this Period

250.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Huber, Jeanne, , ,

Mailing Address 5341 Cove Garden Road

City

Covesville

State

VA

Zip Code

22931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : INCA2958

Amount of Each Receipt this Period

250.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Huber, Jeanne, , ,

Mailing Address 5341 Cove Garden Road

City
Covesville

State
VA

Zip Code
22931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : INCA3196

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ireland, Eileen, , ,

Mailing Address 722 5th Street

City
Las Vegas

State
NV

Zip Code
87701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of New Mexico

Occupation (for Individual)
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : INCA2828

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ireland, Eileen, , ,

Mailing Address 722 5th Street

City
Las Vegas

State
NV

Zip Code
87701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of New Mexico

Occupation (for Individual)
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : INCA3129

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ireland, Sue A., , ,

Mailing Address 1151 North Rush Street

City
Gary

State
IN

Zip Code
46403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. Government

Occupation (for Individual)
Investigator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2016

Transaction ID : INCA2642

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ireland, Sue A., , ,

Mailing Address 1151 North Rush Street

City
Gary

State
IN

Zip Code
46403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. Government

Occupation (for Individual)
Investigator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2016

Transaction ID : INCA3656

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ireland, Sue A., , ,

Mailing Address 1151 North Rush Street

City
Gary

State
IN

Zip Code
46403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. Government

Occupation (for Individual)
Investigator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : INCA2881

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ireland, Sue A., , ,

Mailing Address 1151 North Rush Street

City
Gary

State
IN

Zip Code
46403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. Government

Occupation (for Individual)
Investigator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2016

Transaction ID : INCA3170

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ireland, Sue A., , ,

Mailing Address 1151 North Rush Street

City
Gary

State
IN

Zip Code
46403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. Government

Occupation (for Individual)
Investigator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : INCA3239

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Isreal, Lesley L., , ,

Mailing Address P.O. Box 69

City
Royal Oak

State
MD

Zip Code
21662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

Transaction ID : INCA2708

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 33 OF 135

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Isreal, Lesley L., , ,

Mailing Address P.O. Box 69

City
Royal Oak

State
MD

Zip Code
21662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2016

Transaction ID : INCA2217

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Isreal, Lesley L., , ,

Mailing Address P.O. Box 69

City
Royal Oak

State
MD

Zip Code
21662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2016

Transaction ID : INCA2812

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Isreal, Lesley L., , ,

Mailing Address P.O. Box 69

City
Royal Oak

State
MD

Zip Code
21662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2016

Transaction ID : INCA2657

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Isreal, Lesley L., , ,

Mailing Address P.O. Box 69

City
Royal Oak

State
MD

Zip Code
21662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : INCA3238

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Isreal, Lesley L., , ,

Mailing Address P.O. Box 69

City
Royal Oak

State
MD

Zip Code
21662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : INCA3245

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Isreal, Lesley L., , ,

Mailing Address P.O. Box 69

City
Royal Oak

State
MD

Zip Code
21662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : INCA3311

Amount of Each Receipt this Period

525.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Karsten, Marilyn H., , ,

Mailing Address 10580 Wilshire Blvd., Apt. 66

City

Los Angeles

State

CA

Zip Code

90024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Karsten Family Foundation

Occupation (for Individual)

Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

01 / 04 / 2016

Transaction ID : INCA2261

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Karsten, Marilyn H., , ,

Mailing Address 10580 Wilshire Blvd., Apt. 66

City

Los Angeles

State

CA

Zip Code

90024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Karsten Family Foundation

Occupation (for Individual)

Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

01 / 26 / 2016

Transaction ID : INCA2014

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Karsten, Marilyn H., , ,

Mailing Address 10580 Wilshire Blvd., Apt. 66

City

Los Angeles

State

CA

Zip Code

90024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Karsten Family Foundation

Occupation (for Individual)

Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

02 / 05 / 2016

Transaction ID : INCA2229

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Keefer, Betsy A., , ,

Mailing Address 2500 Fairway Drive

City
YorkState
PAZip Code
17402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 05 / 2016

Transaction ID : INCA2034

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Keefer, Betsy A., , ,

Mailing Address 2500 Fairway Drive

City
YorkState
PAZip Code
17402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : INCA3260

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City
StamfordState
CTZip Code
06903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2016

Transaction ID : INCA2336

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City
Stamford

State
CT

Zip Code
06903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2016

Transaction ID : INCA2089

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City
Stamford

State
CT

Zip Code
06903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : INCA2655

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City
Stamford

State
CT

Zip Code
06903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : INCA3040

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City
Stamford

State
CT

Zip Code
06903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : INCA3236

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City
Stamford

State
CT

Zip Code
06903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : INCA3270

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Knepper, Kathleen N., , ,

Mailing Address 10404 Strathmore Park Court, #303

City
Rockville

State
MD

Zip Code
20852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : INCA3003

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Knepper, Kathleen N., , ,

Mailing Address 10404 Strathmore Park Court, #303

City
Rockville

State
MD

Zip Code
20852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : INCA3084

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lampson, Claire G., , ,

Mailing Address 18899 Independence Lane

City
Geyserville

State
CA

Zip Code
95941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Copeland & Therman

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

Transaction ID : INCA2723

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lampson, Claire G., , ,

Mailing Address 18899 Independence Lane

City
Geyserville

State
CA

Zip Code
95941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Copeland & Therman

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2016

Transaction ID : INCA2049

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lampson, Claire G., , ,

Mailing Address 18899 Independence Lane

City
Geyserville

State
CA

Zip Code
95941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Copeland & Therman

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : INCA2946

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lampson, Claire G., , ,

Mailing Address 18899 Independence Lane

City
Geyserville

State
CA

Zip Code
95941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Copeland & Therman

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : INCA3055

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lampson, Claire G., , ,

Mailing Address 18899 Independence Lane

City
Geyserville

State
CA

Zip Code
95941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Copeland & Therman

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : INCA3257

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Maramonte, Jennifer S., , ,

Mailing Address 5007 Camel Heights Road

City
Evergreen

State
CO

Zip Code
80439

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2016

Transaction ID : INCA2782

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maramonte, Jennifer S., , ,

Mailing Address 5007 Camel Heights Road

City
Evergreen

State
CO

Zip Code
80439

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : INCA3303

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marquess, Margo, , ,

Mailing Address 5322 Fox Den Road

City
Roanoke

State
VA

Zip Code
24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : INCA2536

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Matthews, Winston, , ,

Mailing Address 587 Lenox Road

City
Brooklyn

State
NY

Zip Code
11203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Winston Matthews

Occupation (for Individual)

Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

01 / 17 / 2016

Transaction ID : INCA2702

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Matthews, Winston, , ,

Mailing Address 587 Lenox Road

City
Brooklyn

State
NY

Zip Code
11203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Winston Matthews

Occupation (for Individual)

Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

02 / 07 / 2016

Transaction ID : INCA2301

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Matthews, Winston, , ,

Mailing Address 587 Lenox Road

City
Brooklyn

State
NY

Zip Code
11203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Winston Matthews

Occupation (for Individual)

Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

02 / 17 / 2016

Transaction ID : INCA2978

Amount of Each Receipt this Period

120.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McAdams, Robert, , ,

Mailing Address 9753 Keeneland Row

City
La Jolla

State
CA

Zip Code
92037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : INCA2569

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McAdams, Robert, , ,

Mailing Address 9753 Keeneland Row

City
La Jolla

State
CA

Zip Code
92037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2016

Transaction ID : INCA2298

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Michaelsen, Hila, , ,

Mailing Address 432 High Street

City
Santa Cruz

State
CA

Zip Code
95060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hila Michaelsen

Occupation (for Individual)
Clinical Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2016

Transaction ID : INCA2092

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Michaelsen, Hila, , ,

Mailing Address 432 High Street

City
Santa Cruz

State
CA

Zip Code
95060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hila Michaelsen

Occupation (for Individual)
Clinical Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : INCA2882

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Monahan, Janice C., , ,

Mailing Address 1130 Bridlewood Way

City
Reno

State
NV

Zip Code
89509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2016

Transaction ID : INCA2609

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Monahan, Janice C., , ,

Mailing Address 1130 Bridlewood Way

City
Reno

State
NV

Zip Code
89509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : INCA2278

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Monahan, Janice C., , ,

Mailing Address 1130 Bridlewood Way

City
Reno

State
NV

Zip Code
89509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : INCA2983

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Monahan, Janice C., , ,

Mailing Address 1130 Bridlewood Way

City
Reno

State
NV

Zip Code
89509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : INCA3089

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Monahan, Janice C., , ,

Mailing Address 1130 Bridlewood Way

City
Reno

State
NV

Zip Code
89509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : INCA3175

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Montague, Phillip L., , ,

Mailing Address 2612 Sag Harbor Way

City

The Villages

State

FL

Zip Code

32162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2016

Transaction ID : INCA2010

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Montague, Phillip L., , ,

Mailing Address 2612 Sag Harbor Way

City

The Villages

State

FL

Zip Code

32162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2016

Transaction ID : INCA2900

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Montague, Phillip L., , ,

Mailing Address 2612 Sag Harbor Way

City

The Villages

State

FL

Zip Code

32162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Transaction ID : INCA3249

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

300.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Montgomery, Thelma L., , ,

Mailing Address 912 South Goldwyn Avenue

City
OrlandoState
FLZip Code
32805FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : INCA2577

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Montgomery, Thelma L., , ,

Mailing Address 912 South Goldwyn Avenue

City
OrlandoState
FLZip Code
32805FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : INCA2381

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Montgomery, Thelma L., , ,

Mailing Address 912 South Goldwyn Avenue

City
OrlandoState
FLZip Code
32805FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2016

Transaction ID : INCA3204

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Neil, Mary C., , ,

Mailing Address 2618 Starlight Court

City
San Antonio

State
TX

Zip Code
78261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 04 / 2016

Transaction ID : INCA2257

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Neil, Mary C., , ,

Mailing Address 2618 Starlight Court

City
San Antonio

State
TX

Zip Code
78261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2016

Transaction ID : INCA2198

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Neil, Mary C., , ,

Mailing Address 2618 Starlight Court

City
San Antonio

State
TX

Zip Code
78261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : INCA3092

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. North American Merchant Services

Mailing Address Two Town Square Blvd., Suite 300

City

Asheville

State

NC

Zip Code

28803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1334.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : INCA1348

Amount of Each Receipt this Period

1334.55

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Podolsky, Kathleen M., , ,

Mailing Address 300 Davey Glen Road, Apt. 3925

City

Belmont

State

CA

Zip Code

94002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2016

Transaction ID : INCA2309

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Podolsky, Kathleen M., , ,

Mailing Address 300 Davey Glen Road, Apt. 3925

City

Belmont

State

CA

Zip Code

94002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : INCA2755

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1509.55

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Podolsky, Kathleen M., , ,

Mailing Address 300 Davey Glen Road, Apt. 3925

City
BelmontState
CAZip Code
94002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : INCA2980

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Podolsky, Kathleen M., , ,

Mailing Address 300 Davey Glen Road, Apt. 3925

City
BelmontState
CAZip Code
94002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : INCA3208

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Podolsky, Kathleen M., , ,

Mailing Address 300 Davey Glen Road, Apt. 3925

City
BelmontState
CAZip Code
94002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2016

Transaction ID : INCA3264

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ritti, Alyce Rey, , ,

Mailing Address 170 Cherrywood Way

City
Port Matilda

State
PA

Zip Code
16870

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2016

Transaction ID : INCA2615

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ritti, Alyce Rey, , ,

Mailing Address 170 Cherrywood Way

City
Port Matilda

State
PA

Zip Code
16870

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2016

Transaction ID : INCA2398

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ritti, Alyce Rey, , ,

Mailing Address 170 Cherrywood Way

City
Port Matilda

State
PA

Zip Code
16870

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : INCA2695

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ritti, Alyce Rey, , ,

Mailing Address 170 Cherrywood Way

City

Port Matilda

State

PA

Zip Code

16870

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2016

Transaction ID : INCA2841

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rosen, Alexandra E., , ,

Mailing Address 50 Taylor Road

City

Mount Cisco

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2016

Transaction ID : INCA2698

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rosen, Alexandra E., , ,

Mailing Address 50 Taylor Road

City

Mount Cisco

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2016

Transaction ID : INCA2838

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

800.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rosen, Ruth W., , ,

Mailing Address 5 Mount Hood Court

City

San Rafael

State

CA

Zip Code

94903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 02 / 2016

Transaction ID : INCA2284

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rosen, Ruth W., , ,

Mailing Address 5 Mount Hood Court

City

San Rafael

State

CA

Zip Code

94903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2016

Transaction ID : INCA2046

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rosen, Ruth W., , ,

Mailing Address 5 Mount Hood Court

City

San Rafael

State

CA

Zip Code

94903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2016

Transaction ID : INCA2903

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rosen, Ruth W., , ,

Mailing Address 5 Mount Hood Court

City

San Rafael

State

CA

Zip Code

94903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : INCA3302

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Roundtree, Bennie, , ,

Mailing Address 602 Bonners Lane

City

Greenville

State

NC

Zip Code

27834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Roundtree Real Estate

Occupation (for Individual)

Business Owner

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2016

Transaction ID : INCA2258

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Roundtree, Bennie, , ,

Mailing Address 602 Bonners Lane

City

Greenville

State

NC

Zip Code

27834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Roundtree Real Estate

Occupation (for Individual)

Business Owner

Receipt For:

☐
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 01 / 2016

Transaction ID : INCA2047

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roundtree, Bennie, , ,

Mailing Address 602 Bonners Lane

City
Greenville

State
NC

Zip Code
27834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Roundtree Real Estate

Occupation (for Individual)
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : INCA2808

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Roundtree, Bennie, , ,

Mailing Address 602 Bonners Lane

City
Greenville

State
NC

Zip Code
27834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Roundtree Real Estate

Occupation (for Individual)
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : INCA3268

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schelling, Alice Coleman, , ,

Mailing Address 8300 Burdette Road

City
Bethesda

State
MD

Zip Code
20817

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2016

Transaction ID : INCA2524

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schelling, Alice Coleman, , ,

Mailing Address 8300 Burdette Road

City
Bethesda

State
MD

Zip Code
20817

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2016

Transaction ID : INCA2794

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shapard, Virginia M., , ,

Mailing Address 2251 Jackson Road

City
Griffin

State
GA

Zip Code
30223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2016

Transaction ID : INCA2319

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shapard, Virginia M., , ,

Mailing Address 2251 Jackson Road

City
Griffin

State
GA

Zip Code
30223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2016

Transaction ID : INCA2291

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shapard, Virginia M., , ,

Mailing Address 2251 Jackson Road

City
Griffin

State
GA

Zip Code
30223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2016

Transaction ID : INCA2957

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shapard, Virginia M., , ,

Mailing Address 2251 Jackson Road

City
Griffin

State
GA

Zip Code
30223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2016

Transaction ID : INCA3219

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Walter, , ,

Mailing Address 1803 Hickory Avenue

City
Niceville

State
FL

Zip Code
32578

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United States Army

Occupation (for Individual)
Air Force Captain

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2016

Transaction ID : INCA2646

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Walter, , ,

Mailing Address 1803 Hickory Avenue

City
Niceville

State
FL

Zip Code
32578

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United States Army

Occupation (for Individual)
Air Force Captain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : INCA2157

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Walter, , ,

Mailing Address 1803 Hickory Avenue

City
Niceville

State
FL

Zip Code
32578

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United States Army

Occupation (for Individual)
Air Force Captain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2016

Transaction ID : INCA3020

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Walter, , ,

Mailing Address 1803 Hickory Avenue

City
Niceville

State
FL

Zip Code
32578

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United States Army

Occupation (for Individual)
Air Force Captain

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : INCA3173

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stahl, Jonnie B., , ,

Mailing Address 601 Laurel Avenue, Apt. 802

City

San Mateo

State

CA

Zip Code

94401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

01 / 20 / 2016

Transaction ID : INCA2541

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stahl, Jonnie B., , ,

Mailing Address 601 Laurel Avenue, Apt. 802

City

San Mateo

State

CA

Zip Code

94401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 12 / 2016

Transaction ID : INCA2887

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stahl, Jonnie B., , ,

Mailing Address 601 Laurel Avenue, Apt. 802

City

San Mateo

State

CA

Zip Code

94401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 26 / 2016

Transaction ID : INCA2694

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stahl, Jonnie B., , ,

Mailing Address 601 Laurel Avenue, Apt. 802

City

San Mateo

State

CA

Zip Code

94401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2016

Transaction ID : INCA3306

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stelzner, Patricia, , ,

Mailing Address 3521 Campbell Court NW

City

Albuquerque

State

NM

Zip Code

87104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2016

Transaction ID : INCA2008

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stelzner, Patricia, , ,

Mailing Address 3521 Campbell Court NW

City

Albuquerque

State

NM

Zip Code

87104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2016

Transaction ID : INCA2306

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Taylor, Diana, , ,

Mailing Address 640 Davis Street, Apt. 13

City

San Francisco

State

CA

Zip Code

94111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

01 / 07 / 2016

Transaction ID : INCA2672

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Taylor, Diana, , ,

Mailing Address 640 Davis Street, Apt. 13

City

San Francisco

State

CA

Zip Code

94111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

01 / 23 / 2016

Transaction ID : INCA2778

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Taylor, Diana, , ,

Mailing Address 640 Davis Street, Apt. 13

City

San Francisco

State

CA

Zip Code

94111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 10 / 2016

Transaction ID : INCA2814

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Taylor, Diana, , ,

Mailing Address 640 Davis Street, Apt. 13

City

San Francisco

State

CA

Zip Code

94111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : INCA2880

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Taylor, Diana, , ,

Mailing Address 640 Davis Street, Apt. 13

City

San Francisco

State

CA

Zip Code

94111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : INCA2893

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tveit, Carol J., , ,

Mailing Address 99 Clarendon Avenue

City

Acondale Estates

State

GA

Zip Code

30002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : INCA2951

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vitti, Bonnie, , ,

Mailing Address 10240 Moorpark Street

City

Toluca Lake

State

CA

Zip Code

91602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2016

Transaction ID : INCA2530

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. White, Nancy M., , ,

Mailing Address 1516 Enyart Way, #204

City

Annapolis

State

MD

Zip Code

21409

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

01 / 11 / 2016

Transaction ID : INCA2563

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. White, Nancy M., , ,

Mailing Address 1516 Enyart Way, #204

City

Annapolis

State

MD

Zip Code

21409

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

01 / 26 / 2016

Transaction ID : INCA2783

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. White, Nancy M., , ,

Mailing Address 1516 Enyart Way, #204

City
AnnapolisState
MDZip Code
21409FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2016

Transaction ID : INCA2822

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. White, Nancy M., , ,

Mailing Address 1516 Enyart Way, #204

City
AnnapolisState
MDZip Code
21409FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : INCA2742

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. White, Nancy M., , ,

Mailing Address 1516 Enyart Way, #204

City
AnnapolisState
MDZip Code
21409FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : INCA3203

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. White, Nancy M., , ,

Mailing Address 1516 Enyart Way, #204

City
AnnapolisState
MDZip Code
21409FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : INCA3267

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. William, Elizabeth, , ,

Mailing Address 2 Bishop Gadsden Way

City
CharlestonState
SCZip Code
29412FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2016

Transaction ID : INCA2256

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. William, Elizabeth, , ,

Mailing Address 2 Bishop Gadsden Way

City
CharlestonState
SCZip Code
29412FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2016

Transaction ID : INCA2772

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

475.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. William, Elizabeth, , ,

Mailing Address 2 Bishop Gadsden Way

City
Charleston

State
SC

Zip Code
29412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2016

Transaction ID : INCA2860

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. William, Elizabeth, , ,

Mailing Address 2 Bishop Gadsden Way

City
Charleston

State
SC

Zip Code
29412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : INCA3006

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. William, Elizabeth, , ,

Mailing Address 2 Bishop Gadsden Way

City
Charleston

State
SC

Zip Code
29412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : INCA2815

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. William, Elizabeth, , ,

Mailing Address 2 Bishop Gadsden Way

City
Charleston

State
SC

Zip Code
29412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2016

Transaction ID : INCA3160

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Woolbright, Cynthia, , ,

Mailing Address 667 Midship Circle

City
Webster

State
NY

Zip Code
14580

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cynthia Woolbright

Occupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 11 / 2016

Transaction ID : INCA2579

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zimmer, Deborah L., , ,

Mailing Address 648 Kirk Glen Drive

City
San Jose

State
CA

Zip Code
95133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2016

Transaction ID : INCA3081

Amount of Each Receipt this Period

216.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

966.00

51279.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
Aurora

State
CO

Zip Code
80014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : INCA3688

Amount of Each Receipt this Period

365.00

☐ Memo Item

Refund of Merchant Fee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

365.00

365.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4093

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4094

Amount of Each Disbursement this Period

625.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4095

Amount of Each Disbursement this Period

1800.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4925.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4096

Amount of Each Disbursement this Period

2150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4097

Amount of Each Disbursement this Period

700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4098

Amount of Each Disbursement this Period

1200.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

4050.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4099

Amount of Each Disbursement this Period

1900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4100

Amount of Each Disbursement this Period

850.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4101

Amount of Each Disbursement this Period

500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3250.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	0		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4102

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	2		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4103

Amount of Each Disbursement this Period

1200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	7		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4104

Amount of Each Disbursement this Period

1150.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

6350.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	8		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4105

Amount of Each Disbursement this Period

1700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	9		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4106

Amount of Each Disbursement this Period

1100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		0	1		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4107

Amount of Each Disbursement this Period

700.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

3500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2016

FEC Identification Number

C

Transaction ID : EXPB4108

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2016

FEC Identification Number

C

Transaction ID : EXPB4109

Amount of Each Disbursement this Period

2600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2016

FEC Identification Number

C

Transaction ID : EXPB4110

Amount of Each Disbursement this Period

1300.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4650.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2016

FEC Identification Number

C

Transaction ID : EXPB4111

Amount of Each Disbursement this Period

1550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2016

FEC Identification Number

C

Transaction ID : EXPB4112

Amount of Each Disbursement this Period

1150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		17		2016

FEC Identification Number

C

Transaction ID : EXPB4113

Amount of Each Disbursement this Period

3800.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4114

Amount of Each Disbursement this Period

1350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4115

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB4116

Amount of Each Disbursement this Period

600.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

2450.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2016

FEC Identification Number

C

Transaction ID : EXPB4117

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2016

FEC Identification Number

C

Transaction ID : EXPB4118

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

FEC Identification Number

C

Transaction ID : EXPB4119

Amount of Each Disbursement this Period

800.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2300.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

FEC Identification Number

C

Transaction ID : EXPB4120

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2016

FEC Identification Number

C

Transaction ID : EXPB4121

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2016

FEC Identification Number

C

Transaction ID : EXPB4122

Amount of Each Disbursement this Period

1800.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10050.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2016

FEC Identification Number

C

Transaction ID : EXPB4123

Amount of Each Disbursement this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2016

FEC Identification Number

C

Transaction ID : EXPB4124

Amount of Each Disbursement this Period

950.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		09		2016

FEC Identification Number

C

Transaction ID : EXPB4125

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3200.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2016

FEC Identification Number

C

Transaction ID : EXPB4129

Amount of Each Disbursement this Period

450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2016

FEC Identification Number

C

Transaction ID : EXPB4130

Amount of Each Disbursement this Period

5200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	04	/	2016

FEC Identification Number

C

Transaction ID : EXPB3355

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5667.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3364

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3366

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3369

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3368

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3372

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3376

Amount of Each Disbursement this Period

35.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

64.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	2		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3378

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	3		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3380

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	5		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3385

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3391

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3389

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3393

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

69.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3395

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3404

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3412

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3418

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3420

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3423

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

X	21b		22		23		26		27
	28a		28b		28c		29		30b

Foundation for a Greater America, Inc.

A. Citibank

Zip Code
63179

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C

17.00

Memo Item

B. Citibank

M M / D D / Y Y Y Y
02 08 2016

Zip Code
63179

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

C							
---	--	--	--	--	--	--	--

17.00

Memo Item

C. Citibank

Zip Code
63179

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C

12.01

 Memo Item

46.01

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

FEC Identification Number

C

Transaction ID : EXPB3430

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2016

FEC Identification Number

C

Transaction ID : EXPB3434

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

FEC Identification Number

C

Transaction ID : EXPB3437

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

51.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3439

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3441

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3443

Amount of Each Disbursement this Period

17.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	3					2	0	1

FEC Identification Number

C

Transaction ID : EXPB3445

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	4					2	0	1

FEC Identification Number

C

Transaction ID : EXPB3449

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	6					2	0	1

FEC Identification Number

C

Transaction ID : EXPB3451

Amount of Each Disbursement this Period

17.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	9		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3453

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				0	2		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3667

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				0	4		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3669

Amount of Each Disbursement this Period

17.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2016

FEC Identification Number

C

Transaction ID : EXPB3671

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2016

FEC Identification Number

C

Transaction ID : EXPB3675

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2016

FEC Identification Number

C

Transaction ID : EXPB3674

Amount of Each Disbursement this Period

12.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

46.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3677

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3680

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3678

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

69.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

FEC Identification Number

C

Transaction ID : EXPB3682

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2016

FEC Identification Number

C

Transaction ID : EXPB3683

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

FEC Identification Number

C

Transaction ID : EXPB3689

Amount of Each Disbursement this Period

35.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

87.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 96 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2016

FEC Identification Number

C

Transaction ID : EXPB3691

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2016

FEC Identification Number

C

Transaction ID : EXPB3694

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2016

FEC Identification Number

C

Transaction ID : EXPB3696

Amount of Each Disbursement this Period

17.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

69.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 97 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				3	0		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3698

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hodgins, James P., , ,

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781Purpose of Disbursement
Consulting Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				0	1		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3993

Amount of Each Disbursement this Period

280.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hodgins, James P., , ,

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781Purpose of Disbursement
Consulting Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				0	1		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3991

Amount of Each Disbursement this Period

920.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1217.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Supplier

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	3		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB1351

Amount of Each Disbursement this Period

32.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Supplier

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	9		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB1352

Amount of Each Disbursement this Period

24.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Supplier

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				0	3		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB1366

Amount of Each Disbursement this Period

32.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

88.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 99 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Supplier

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB1367

Amount of Each Disbursement this Period

280.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Supplier

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB1380

Amount of Each Disbursement this Period

4.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Supplier

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB1381

Amount of Each Disbursement this Period

32.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

316.52

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 100 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3361

Amount of Each Disbursement this Period

6.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB1355

Amount of Each Disbursement this Period

27.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB1354

Amount of Each Disbursement this Period

23.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 101 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				2	5						2	0	1	6

FEC Identification Number

C

Transaction ID : EXPB3396

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	2				0	2						2	0	1	6

FEC Identification Number

C

Transaction ID : EXPB3421

Amount of Each Disbursement this Period

12.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	2				1	0						2	0	1	6

FEC Identification Number

C

Transaction ID : EXPB1373

Amount of Each Disbursement this Period

26.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

139.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3431

Amount of Each Disbursement this Period

1068.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	1		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3432

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	4		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3448

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1318.12

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 103 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3666

Amount of Each Disbursement this Period

18.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB1386

Amount of Each Disbursement this Period

29.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3686

Amount of Each Disbursement this Period

365.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4	1	3	.	0	3
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 104 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3687

Amount of Each Disbursement this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3684

Amount of Each Disbursement this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB3685

Amount of Each Disbursement this Period

365.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1095.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 105 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

FEC Identification Number

C

Transaction ID : EXPB3690

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	04	/	2016

FEC Identification Number

C

Transaction ID : EXPB1353

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2016

FEC Identification Number

C

Transaction ID : EXPB1356

Amount of Each Disbursement this Period

36.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

211.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 106 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	2		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB1357

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	3		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB1358

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	4		2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB1359

Amount of Each Disbursement this Period

36.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

108.00

X	21b		22		23		26		27
	28a		28b		28c		29		30b

Foundation for a Greater America, Inc.

A. U.S. Bank

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C

5.00

Memo Item

B. U.S. Bank

M M / D D / Y Y Y Y
01 19 2016

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

C							
---	--	--	--	--	--	--	--

25.00

Memo Item

C. U.S. Bank

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C

36.00

Memo Item

66.00

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X	21b		22		23		26		27
	28a		28b		28c		29		30b

Foundation for a Greater America, Inc.

A. U.S. Bank

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

[illegible]

25.00

Memo Item

B. U.S. Bank

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

C

7.50

Memo Item

C. U.S. Bank

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C

11.00

Memo Item

43.50

[illegible]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB1379

Amount of Each Disbursement this Period

11.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : EXPB1387

Amount of Each Disbursement this Period

7.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

18.50

66841.44

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3469

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

43813.34

Cumulative Payment To Date

23461.78

Balance Outstanding at Close of This Period

20351.56

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 17 / 2014

Date Due

M M / D D / Y Y Y Y
11 / 17 / 2015

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

20351.56

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3461

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

21100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

21100.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 18 / 2014

Date Due

M M / D D / Y Y Y Y
11 / 18 / 2015

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

21100.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3501

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC**N** ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

MM / DD / YYYY
11 / 18 / 2014

Date Due

MM / DD / YYYY
05 / 18 / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3956

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC**N** ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

1200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1200.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 30 / 2015

Date Due

M M / D D / Y Y Y Y
01 / 30 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1200.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3958

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC**N** ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

77400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

77400.00

TERMS

Date Incurred

MM / DD / YY
01 / 30 / 2015

Date Due

MM / DD / YY
01 / 30 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

77400.00

TOTALS This Period (last page in this line only)..... ►

220051.56

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3820

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Church, Judson A., , ,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 764 Pines Lake Drive West

City

Wayne

State

NJ

ZIP Code

07470

Original Amount of Loan

250000.00

Cumulative Payment To Date

53050.00

Balance Outstanding at Close of This Period

196950.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 27 / 2015

Date Due

M M / D D / Y Y Y Y
11 / 23 / 2016

Interest Rate

15.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

196950.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : PAYC3820

Loan Received; See Schedule C

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC1950

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Church, Judson A., , ,**N** ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 764 Pines Lake Drive West

City

Wayne

State

NJ

ZIP Code

07470

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 23 / 2015

Date Due

M M / D D / Y Y Y Y
07 / 23 / 2016

Interest Rate

15.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : PAYC1950

Loan Received; See Schedule C

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3812

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
CrossClick Media, Inc.☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8725 S. Eastern Avenue, #200-661

City

Las Vegas

State

NV

ZIP Code

89123

Original Amount of Loan

26500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

26500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 13 / 2015

Date Due

M M / D D / Y Y Y Y
11 / 30 / 2016

Interest Rate

10.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

26500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3816

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
CrossClick Media, Inc.☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8725 S. Eastern Avenue, #200-661

City

Las Vegas

State

NV

ZIP Code

89123

Original Amount of Loan

19000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

19000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 13 / 2015

Date Due

M M / D D / Y Y Y Y
11 / 30 / 2016

Interest Rate

10.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

19000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3818

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
CrossClick Media, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8725 S. Eastern Avenue, #200-661

City

Las Vegas

State

NV

ZIP Code

89123

Original Amount of Loan

13200.00

Cumulative Payment To Date

9676.79

Balance Outstanding at Close of This Period

3523.21

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 13 / 2015

Date Due

M M / D D / Y Y Y Y
11 / 30 / 2016

Interest Rate

10.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3523.21

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC1964

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

12400.00

Cumulative Payment To Date

2695.00

Balance Outstanding at Close of This Period

9705.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 06 / 2015

Date Due

M M / D D / Y Y Y Y
07 / 06 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

9705.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3298

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 21 / 2015

Date Due

M M / D D / Y Y Y Y
10 / 21 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

270678.21

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):

Card Processing & Web Design Services

Mailing Address 205 Pennsylvania Avenue SE

City

Washington

State

DC

Zip Code

20003

Outstanding Balance Beginning This Period

2550.00

Transaction ID : PAYD3515

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2550.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):

Merchant Fees

Mailing Address 205 Pennsylvania Avenue SE

City

Washington

State

DC

Zip Code

20003

Outstanding Balance Beginning This Period

0.99

Transaction ID : PAYD3805

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):

Card Processing & Web Design Services

Mailing Address 205 Pennsylvania Avenue SE

City

Washington

State

DC

Zip Code

20003

Outstanding Balance Beginning This Period

20000.00

Transaction ID : PAYD3807

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

22550.99

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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(check only one)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):
Merchant Fees

Mailing Address 205 Pennsylvania Avenue SE

City
WashingtonState
DCZip Code
20003

Outstanding Balance Beginning This Period

0.99

Transaction ID : PAYD3961

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.99

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):
Merchant Fees

Mailing Address 205 Pennsylvania Avenue SE

City
WashingtonState
DCZip Code
20003

Outstanding Balance Beginning This Period

0.99

Transaction ID : PAYD3966

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ault, Anastasia, , ,

Nature of Debt (Purpose):
Office Supplies

Mailing Address 8686 Merced Circle, Unit 1007 D

City
Costa MesaState
CAZip Code
92626

Outstanding Balance Beginning This Period

12.71

Transaction ID : PAYD2231

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12.71

1) **SUBTOTALS** This Period This Page (optional)..... ►

14.69

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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(check only one)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ault, Anastasia, , ,

Nature of Debt (Purpose):
Office Supplies

Mailing Address 8686 Merced Circle, Unit 1007 D

City
Costa MesaState
CAZip Code
92626

Outstanding Balance Beginning This Period

28.80

Transaction ID : PAYD2696

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

28.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ault, Anastasia, , ,

Nature of Debt (Purpose):
Postage

Mailing Address 8686 Merced Circle, Unit 1007 D

City
Costa MesaState
CAZip Code
92626

Outstanding Balance Beginning This Period

19.60

Transaction ID : PAYD3509

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):
Merchant Fees

Mailing Address 3273 East Warm Springs Road

City
HendersonState
NVZip Code
89014

Outstanding Balance Beginning This Period

75.46

Transaction ID : PAYD2448

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.46

1) **SUBTOTALS** This Period This Page (optional)..... ►

123.86

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):
Merchant Fees

Mailing Address 3273 East Warm Springs Road

City

Henderson

State

NV

Zip Code

89014

Outstanding Balance Beginning This Period

66.72

Transaction ID : PAYD2451

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

66.72

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):
Merchant Fees

Mailing Address 3273 East Warm Springs Road

City

Henderson

State

NV

Zip Code

89014

Outstanding Balance Beginning This Period

57.82

Transaction ID : PAYD2455

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

57.82

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):
Loan Fee

Mailing Address 3273 East Warm Springs Road

City

Henderson

State

NV

Zip Code

89014

Outstanding Balance Beginning This Period

450.00

Transaction ID : PAYD3792

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

450.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

574.54

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):
Loan Interest

Mailing Address 3273 East Warm Springs Road

City

Henderson

State

NV

Zip Code

89014

Outstanding Balance Beginning This Period

820.87

Transaction ID : PAYD3793

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

820.87

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Church, Judson A., , ,

Nature of Debt (Purpose):
Loan Interest Payment

Mailing Address 764 Pines Lake Drive West

City

Wayne

State

NJ

Zip Code

07470

Outstanding Balance Beginning This Period

362.00

Transaction ID : PAYD3969

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

362.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):
Corporate Document Services

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

352.00

Transaction ID : PAYD1965

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

352.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1534.87

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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(check only one)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):
Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

33.84

Transaction ID : PAYD2235

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33.84

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):
Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

24.12

Transaction ID : PAYD2701

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

24.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):
Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

8.28

Transaction ID : PAYD3324

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8.28

1) **SUBTOTALS** This Period This Page (optional)..... ►

66.24

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):
Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

8.28

Transaction ID : PAYD3512

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8.28

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):
Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

15.84

Transaction ID : PAYD3806

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):
Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

9.00

Transaction ID : PAYD3967

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

33.12

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CrossClick Media, Inc.

Nature of Debt (Purpose):
Call Center

Mailing Address 8725 S. Eastern Avenue, #200-661

City
Las VegasState
NVZip Code
89123

Outstanding Balance Beginning This Period

62747.69

Transaction ID : PAYD3962

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

62747.69

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):
Consulting Services

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781

Outstanding Balance Beginning This Period

1120.00

Transaction ID : PAYD3322

Amount Incurred This Period

0.00

Payment This Period

1120.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):
Consulting Services

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781

Outstanding Balance Beginning This Period

1080.00

Transaction ID : PAYD3510

Amount Incurred This Period

0.00

Payment This Period

280.00

Outstanding Balance at Close of This Period

800.00

1) SUBTOTALS This Period This Page (optional)..... ►

63547.69

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):
Consulting Services

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781

Outstanding Balance Beginning This Period

1489.05

Transaction ID : PAYD3804

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1489.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):
Consulting Services

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781

Outstanding Balance Beginning This Period

9000.00

Transaction ID : PAYD3959

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InFind.com, Inc.

Nature of Debt (Purpose):
Management Consulting Services

Mailing Address 12021 Wilshire Blvd., Suite 634

City
Los AngelesState
CAZip Code
90025

Outstanding Balance Beginning This Period

6100.00

Transaction ID : PAYD1975

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6100.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

16589.05

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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(check only one)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InFind.com, Inc.

Nature of Debt (Purpose):

Management Consulting Services

Mailing Address 12021 Wilshire Blvd., Suite 634

City

Los Angeles

State

CA

Zip Code

90025

Outstanding Balance Beginning This Period

20000.00

Transaction ID : PAYD2183

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jeff Taylor Graphics

Nature of Debt (Purpose):

Design of Logo, Letterhead and Envelopes

Mailing Address 2633 Lincoln Blvd., Suite 837

City

Santa Monica

State

CA

Zip Code

90405

Outstanding Balance Beginning This Period

2075.00

Transaction ID : PAYD2201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2075.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

John Cowan Law

Nature of Debt (Purpose):

Legal Services

Mailing Address 100 Pine Street, Suite 1250

City

San Francisco

State

CA

Zip Code

94111

Outstanding Balance Beginning This Period

15550.15

Transaction ID : PAYD1976

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15550.15

1) **SUBTOTALS** This Period This Page (optional)..... ►

37625.15

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

PAGE 134 OF 135

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Propel Management Group, Inc.

Nature of Debt (Purpose):

Consulting Services for Call Center

Mailing Address 3625 W. Macarthur Blvd., #302.

City

Santa Ana

State

CA

Zip Code

92704

Outstanding Balance Beginning This Period

726.78

Transaction ID : PAYD2239

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

726.78

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Propel Management Group, Inc.

Nature of Debt (Purpose):

Professional Services

Mailing Address 3625 W. Macarthur Blvd., #302.

City

Santa Ana

State

CA

Zip Code

92704

Outstanding Balance Beginning This Period

129.55

Transaction ID : PAYD3507

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

129.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Spaziano, Joe, , ,

Nature of Debt (Purpose):

Computer Services

Mailing Address 1928 E. Van Owen Avenue, Apt. A

City

Orange

State

CA

Zip Code

92867

Outstanding Balance Beginning This Period

80.96

Transaction ID : PAYD3516

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

80.96

1) **SUBTOTALS** This Period This Page (optional)..... ►

937.29

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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numbered line)

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

State of California-Franchise Tax Board

Nature of Debt (Purpose):

Penalty Fee

Mailing Address P.O. Box 942857

City

Sacramento

State

CA

Zip Code

94257

Outstanding Balance Beginning This Period

250.00

Transaction ID : PAYD3963

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Womble Carlyle Sandridge & Rice, LLP

Nature of Debt (Purpose):

Legal Services

Mailing Address 1200 19th Street NW, Suite 500

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

12264.92

Transaction ID : PAYD2208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12264.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Womble Carlyle Sandridge & Rice, LLP

Nature of Debt (Purpose):

Legal Services

Mailing Address 1200 19th Street NW, Suite 500

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

436.00

Transaction ID : PAYD2722

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

436.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

12950.92

2) **TOTALS** This Period (last page this line number only)..... ►

156548.41

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

270678.21

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

427226.62